



# IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG –  
Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID

Post Office Box 83720  
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November 17, 2008

Living Independently Forever  
James Moss  
545 N Benjamin Ln Ste 155  
Boise Idaho 83704

Dear James,

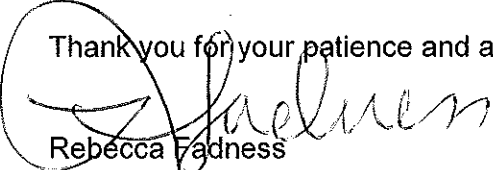
Thank you for submitting your Plan of Correction for Developmental Disability services dated November 14, 2008. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Living Independently a full certificate effective from November 14, 2008 through November 14, 2009 unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than January 7, 2009. You may submit supporting documentation as follows:

Fax to: 208-364-1811  
Email to: fadnessr@dhw.idaho.gov  
Mail to: DDA/RH Survey and Certification  
PO Box 83720  
Boise Idaho 83720  
Or deliver to: 3232 Elder Street

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.

  
Rebecca Fadness  
Program Manager  
DDA/RH Survey and Certification

Submit by Email

Print Form

# Statement of Deficiencies

Developmental Disabilities Agency

Living Independently Forever, Inc. dba LIFE

8620 W Emerald St Ste 150

4LIFE052

Boise, ID 83704-4839

(208) 888-0076

Survey Type: Recertification

Entrance Date: 9/29/2008

Exit Date: 10/2/2008

**Initial Comments:** Survey Team: Rebecca Fadness, Medicaid Program Supervisor; Greg Miles, Medicaid Medical Program Specialist; Veronica Martinez, FACS Clinician; Heather Olsen, FACS Developmental Specialist.

Observations: Therapists seem to have an excellent relationship with the children. Therapists were patient and used calm voice during therapy. The therapists also provided positive reinforcement after each program. The reinforcements seem to be individualized to each child and the children seemed to respond positively. Although there were several therapists and children in the same room; and the level of noise and distraction was high, the therapists were very effective on keeping the children engaged, on task and successful. During therapy, children were given breaks which also seemed to facilitate engagement and increase motivation to continue working. Therapists also referred back to their books and gathered data during breaks and transitions.

Participant #1 was observed at the Life center training area. Staff assisted him to obtain clock materials. Training occurred on his 'time telling' program. Staff seemed to run his program as instructions stated. It was apparent that the staff had a 'good' relationship with him. After a short period of time, new materials were obtained where Participant #1 worked on tying knots. It was noted that this was not an objective in Participant #1's Program Implementation Plan.

An observation took place at Participant #3 apartment setting. He readily revealed his personal interests in video games and movie collection materials. It was evident that the staff and Participant had a good rapport with one another. The Participant relayed his satisfaction of his current living location and stated that it was nicer than living in some of his past residences since they were more rural settings. Staff went over some of the training programs they work on and stated that some of the training takes place in the local business establishments.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.009.01	Criminal History	1. Agency contractual agreements will be revised to identify sub-contractor as the party responsible for submitting billing.
009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.	Agency did not have documentation that criminal history was assured. The written contract indicated that the agency bills for the	2. Changes will be agency-wide.
01. Verification of Compliance. The agency must		

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verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." (7-1-06)	psychologist, and no criminal history verification was on file.	<p>3. Program Administrator will be primarily responsible for ensuring contracts are revised and remain current.</p> <p>4. Program Administrator will review contractual agreements on an ongoing basis to ensure accuracy.</p> <p>5. Revision of contractual agreements will begin immediately and conclude within 90 days.</p>

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** **Administrator Initials:** *Sh*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.010.11	Required Services	
010. DEFINITIONS 11. DDA Services. A DDA provides services that are rehabilitative and habilitative in nature. DDA services include assessment, diagnostic, and treatment services that are provided on an outpatient basis to persons with developmental disabilities and may be community-based, home-based, or center-based in accordance with the requirements of this chapter. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. A DDA may also opt to provide pharmacological management, psychiatric diagnostic interviews, community crisis supports, collateral contact, and Intensive Behavioral	Agency did not have a documented method to assure psychotherapy is made available to the participants.	<p>1. Agency entered into contractual agreement with psychological clinic (Webb Psychological) to provide psychotherapy services to participants.</p> <p>2. Changes will be agency-wide.</p> <p>3. Program Administrator will be primarily responsible for ensuring psychotherapy contract is implemented and remains current.</p> <p>4. Program Administrator will review contractual agreements on an ongoing basis to ensure accuracy.</p> <p>5. Deficiency has been addressed.</p>

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Intervention (IBI), (7-1-06)

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:** *gm***Rule Reference/Text**

16.04.11.400.04

400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.

04. Parents of Participants. A DDA may not hire the parent of a participant to provide services to the parent's minor or adult child. (7-1-06)

**Category/Findings**

QA Program

Agency does not have a policy to prevent hiring of a parent to provide services to the parent's minor or adult child.

**Plan of Correction (POC)**

1. Program Administrator drafted (see attached) and will implement policy prohibiting the hiring of a parent to provide services to their minor or adult child.

2. Changes will be agency-wide.

3. Program Administrator will be primarily responsible for implementing this policy by (1) issuing an agency-wide memorandum for current employees, and (2) modifying policy manual for review during new employee training.

4. Program Administrator or designee will ensure all new hires are not in violation of this policy.

5. New policy has been drafted and will be implemented within 90 days.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:** *gm*

Developmental Disabilities Agency		Living Independently Forever, Inc. dba LIFE	10/2/2008
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.501.01  501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must (7-1-06) 01. Preventative Maintenance Program. Establish a preventive maintenance program for each agency-owned or leased vehicle, including vehicle inspections and other regular maintenance to insure participant safety. (7-1-06)	QA Program  Agency has company owned vehicles that they utilize to transport participants. Transportation policy did not address vehicle maintenance program, nor were there procedures in place to monitor the maintenance.	<p>1. Agency already maintains vehicle maintenance program (see attached), and will begin completing quarterly inspections on all company owned vehicles.</p> <p>2. Changes will be agency-wide.</p> <p>3. Administrative Assistant will be primarily responsible for conducting quarterly vehicle inspections and reviewing findings.</p> <p>4. Program Administrator will conduct annual reviews of vehicle safety checklists to ensure they are occurring on quarterly basis and problems/maintenance needs are being addressed correctly.</p> <p>5. Vehicle maintenance policy is already in place, and quarterly inspections will begin immediately, while annual reviews will begin January 1, 2009.</p>	
<b>Scope and Severity:</b> Pattern / No Actual Harm - Potential for Minimal Harm		<b>Data to be Corrected:</b>	<b>Administrator Initials:</b> <i>gm</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.511.04  511. MEDICATION STANDARDS AND REQUIREMENTS. 04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting	Medication  Participant A and B, their records indicated the need of medications. However no information was found to indicate whether or not the agency was administering or assisting with these medications. In addition, no documentation was found from a physician supporting the administration of these medications.	<p>1. Agency will add statement to all medication listings, followed by check boxes ("Yes" and "No") indicating whether or not medications are administered during hours of service. IBI Professionals will update medication listings as needed. Further, if medications are administered during hours of service, documentation from a physician will be kept on file.</p>	

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participants with medication, the following conditions must be in place: (7-1-06)

2. Changes will be agency-wide.

3. [B] Professionals will be primarily responsible for updating medication listings, and will review medication listings on an ongoing basis to ensure accuracy.

4. Program Director or designee will review medication listings on an annual basis to ensure documentation of medication administration is specified.

5. Revision of medication listings will begin immediately and conclude within 90 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:** **Administrator Initials:** *jm*

**Rule Reference/Text**

16.04.11.511.04.g

**511. MEDICATION STANDARDS AND REQUIREMENTS.**

04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-06)  
g. Procedures for disposal or destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. (7-1-06)

**Category/Findings**

Medication

Agency does not have a policy to address disposal or destruction of medication.

**Plan of Correction (POC)**

1. Program Administrator drafted (see attached) and will implement policy regarding drug destruction, as well as provide agency-wide training on proper disposal of unused medications.

2. Changes will be agency-wide.

3. Program Administrator will be primarily responsible for implementing this policy by (1) issuing an agency-wide memorandum for current employees, and (2) modifying policy manual for review during new employee training.

4. Program Administrator will conduct random checks on an ongoing basis to ensure accuracy. Agency professionals will take corrective action to ensure medications are properly destroyed, if any problems arise.

5. New policy has been drafted and will be implemented within 90 days.

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<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.600.01.a-c  600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) a. Determine the necessity of the service; (7-1-06) b. Determine the participant's needs; (7-1-06) c. Guide treatment. (7-1-06)	Assessments  The comprehensive developmental assessment was a list of deficits, strengths, and interests. It did not indicate the barriers to independence nor determine the participant's needs. Therefore it did not explain the necessity—which when developed, guides treatment.	<p>1. Developmental Assessment has been modified to include needs, barriers to independence, and necessity. Developmental Specialists will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. Developmental Specialists will be primarily responsible for completing developmental assessments, and will review developmental assessments on an ongoing basis to ensure accuracy.</p> <p>4. Program Director, or designee will review assessments on an annual basis to ensure barriers to independence and participant needs are identified.</p> <p>5. Revision of developmental assessments will begin following approval of POC and conclude within 180 days; while annual reviews will begin January 1, 2009.</p>	

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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:** *gm***Rule Reference/Text**

16.04.11.600.01.d

600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)

01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)

d. Identify the participant's current and relevant

**Category/Findings**

Assessments

The comprehensive developmental assessment had a list of strengths and interests, however many of those identified were not applicable to developmental therapy.

Needs were not clearly identified. The information contained in the assessment was a list of deficits without clear indication of what the barrier to independence was/is and how the

**Plan of Correction (POC)**

1. Developmental Assessment has been modified to include needs, barriers to independence, and necessity, as well as barriers to independence. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.
2. Changes will be program-wide.

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strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)

barrier drives the necessity for services and guides treatment.

3. Developmental Specialists/IBI Professionals will be primarily responsible for completing developmental assessments, and will review developmental assessments on an ongoing basis to ensure accuracy.

4. Program Director or designee will review assessments on an annual basis to ensure barriers to independence and participant needs are identified.

5. Revision of developmental assessments will begin following approval of POC and conclude within 180 days; while annual reviews will begin January 1, 2009.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:** *gm*

**Rule Reference/Text**

16.04.11.600.01.e

600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)  
01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)  
e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)

**Category/Findings**

Program Implementation Plan

The amount of therapy is listed as up to a given amount and not specifically identified. Participant A and B, the Comprehensive Developmental Assessment did not recommend the type and amount of therapy to be delivered.

**Plan of Correction (POC)**

1. Developmental Assessment has been modified to include type and amount of therapy to be delivered, and will avoid the use of "up to" language. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.

2. Changes will be program-wide.

3. Developmental Specialists/IBI Professionals will be primarily responsible for completing developmental assessments, and will review developmental assessments on an ongoing basis to ensure accuracy.

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4. Program Director or designee will review assessments on an annual basis to ensure type and amount of therapy are accurately identified.

5. Revision of developmental assessments will begin following approval of POC and conclude within 180 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:** *g*

**Rule Reference/Text**

16.04.11.601.03.a-f

**601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.**

03. Psychological Assessment. A current psychological assessment must be completed or obtained:

(7-1-06)

a. When the participant is receiving a behavior modifying drug(s); (7-1-06)

b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06)

c. Prior to the initiation of supportive counseling; (3-30-07)

d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06)

e. When a participant has been diagnosed with mental illness; or (7-1-06)

f. When a child has been identified to have a severe emotional disturbance. (7-1-06)

**Category/Findings**

Assessments

3 out of 4 adult and A, B, and F children participants sampled did not have current psychological assessments and receive behavior modifying drug(s).

**Plan of Correction (POC)**

1. Agency has contracted with Cornerstone Psychological to conduct annual psychological evaluations/updates to program participants, as needed. Participants that meet one of the criterion for annual evaluation/updates will be identified and scheduled.

2. Changes will be program-wide.

3. Developmental Specialists will be responsible for identifying which participants require an annual evaluation/update and forwarding names to Program Administrator. Program Administrator will then schedule appointments with Cornerstone Psychological and notify Developmental Specialists so coordination surrounding appointments can occur.

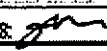

4. Program Administrator or designee will track progress of evaluations/updates to ensure all necessary participants are included. Tracking system will be updated on an ongoing basis and will be modified, as needed.

5. Psychological evaluation/update appointments will begin immediately and be current within 180 days.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:** *g*

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.602.01	Assessments	<ol style="list-style-type: none"> <li>1. Agency was not completing Developmental Assessments for IBI participants, but will begin doing so. IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</li> <li>2. Changes will be program-wide.</li> <li>3. IBI Professionals will be primarily responsible for completing developmental assessments, and will review developmental assessments on an ongoing basis to ensure accuracy.</li> <li>4. Program Director or designee will review assessments on an annual basis to ensure accuracy.</li> <li>5. Revision of developmental assessments will begin following approval of POC and conclude within 180 days, while annual reviews will begin January 1, 2009.</li> </ol>	
<p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)</p>	<ul style="list-style-type: none"> <li>• Participant A and B, the developmental assessment must be updated at least annually; no current developmental assessment was found on file.</li> <li>• Participant A, the medical/social evaluation was outdated.</li> </ul>		
<b>Scope and Severity:</b> Pattern / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b> 
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.604.01.a-g	Assessments	<ol style="list-style-type: none"> <li>1. Developmental Assessment has been modified to include list of deficits, strengths, and interests; as well as developmental status in all seven areas. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</li> <li>2. Changes will be program-wide.</li> <li>3. Developmental Specialists/IBI Professionals will be primarily responsible for completing developmental assessments, and will review developmental assessments on an ongoing basis to ensure accuracy.</li> <li>4. Program Director or designee will review assessments on an annual basis to ensure barriers to independence and participant needs are identified.</li> <li>5. Revision of developmental assessments will begin following approval of POC and conclude within 180 days, while annual reviews will begin January 1, 2009.</li> </ol>	
<p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06)</p> <ol style="list-style-type: none"> <li>a. Self-care; (7-1-06)</li> <li>b. Receptive and expressive language; (7-1-06)</li> <li>c. Learning; (7-1-06)</li> <li>d. Gross and fine motor development; (7-1-06)</li> <li>e. Self-direction; (7-1-06)</li> <li>f. Capacity for independent living; and (7-1-06)</li> <li>g. Economic self-sufficiency. (7-1-06)</li> </ol>	<p>Agency's comprehensive developmental assessment was a list of deficits, strengths and interests. It did not specifically identify the developmental status in all 7 areas as defined in 16.03.10.501.</p>		
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b> 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.a  701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) a. Type of service refers to the kind of service described in terms of: (7-1-06) i. Discipline; (7-1-06) ii. Group, individual, or family; and (7-1-06) iii. Whether the service is home, community, or center-based. (7-1-06)	Individual Program Plan  • Participant B, the IPP did not indicate whether services were provided in group, family or individual.	1. Individual Program Plan will be modified to include group, family, or individual. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.  2. Changes will be program-wide.  3. Developmental Specialists/IBI Professionals will be primarily responsible for completing IPPs, and will review IPPs on an ongoing basis to ensure accuracy.  4. Program Director or designee will review IPPs on an annual basis to ensure group, family, or individual are identified.  5. Revision of IPPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b> <i>sm</i>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.b  701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these	Individual Program Plan  • Participant C, D, and E, the IPP did not indicate a specific amount of service hours to be delivered in a period of time.	1. Individual Program Plan will be modified to include type and amount of therapy to be delivered, and will avoid the use of "up to" language. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.  2. Changes will be program-wide.

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rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-06)		3. Developmental Specialists/IBI Professionals will be primarily responsible for completing IPPs, and will review IPPs on an ongoing basis to ensure accuracy. 4. Program Director or designee will review IPPs on an annual basis to ensure specific hours of service during a designated time period are identified. 5. Revision of IPPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:** *SN*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.c 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)	Individual Program Plan • In four of the files reviewed, the Individual Program Plan (IPP) did not specify the frequency of service in accordance with the number of times the services would be offered during a week.	1. Individual Program Plan will be modified to include frequency of service. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards. 2. Changes will be program-wide. 3. Developmental Specialists/IBI Professionals will be primarily responsible for completing IPPs, and will review IPPs on an ongoing basis to ensure accuracy. 4. Program Director or designee will review IPPs on an annual basis to ensure frequency of service is identified. 5. Revision of IPPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:** *SN*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.d 701. REQUIREMENTS FOR A DDA	Individual Program Plan • Participant A and B, the IPP did not include	

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PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)

the duration of service.

1. Individual Program Plan will be modified to include duration of service. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.
2. Changes will be program-wide.
3. Developmental Specialists/IBI Professionals will be primarily responsible for completing IPPs, and will review IPPs on an ongoing basis to ensure accuracy.
4. Program Director or designee will review IPPs on an annual basis to ensure duration of service is identified.
5. Revision of IPPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Data to be Corrected:

Administrator Initials: 

## Rule Reference/Text

16.04.11.701.05

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an

## Category/Findings

Individual Program Plan

- Participant A and B, the Individual Program Plan (IPP) was completed prior to the obtainment or completion of all applicable assessments.

## Plan of Correction (POC)

1. Individual Program Plan will be completed after necessary assessments are obtained. IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.
2. Changes will be program-wide.
3. IBI Professionals will be primarily responsible for completing IPPs after all relevant assessments are obtained, and will review IPPs on an ongoing basis to ensure accuracy.
4. Program Director or designee will review IPPs on an annual basis to ensure relevant assessments are obtained prior to completion.

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IPP. (7-1-06)		5. New standards will be implemented and conclude within 180 days, while annual reviews will begin January 1, 2009.	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials: <i>gh</i>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.701.05.b 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)	Participant Records	<ul style="list-style-type: none"> <li>Participant A and B, no documentation was found to support that a copy of the IPP was provided to the parents.</li> </ul>	
		<ol style="list-style-type: none"> <li>Agency will add statement to all Individual Program Plans, followed by a check box ("Yes") indicating a copy has been provided to parents. IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</li> <li>Changes will be program-wide.</li> <li>IBI Professionals will be primarily responsible for providing copies of IPPs to parents, and will review IPPs on an ongoing basis to ensure accuracy.</li> <li>Program Director or designee will review IPPs on an annual basis to ensure copies have been provided to parents.</li> <li>Revision of IPPs will begin immediately and conclude within 90 days, while annual reviews will begin January 1, 2009.</li> </ol>	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials: <i>gh</i>



Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)	Individual Program Plan • In four of the files reviewed, the transition plans did not specified criteria for participant to transition into a less restrictive, more integrated settings.	1. Individual Program Plan will be modified to include transition plan that identifies less restrictive, more integrated settings. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards. 2. Changes will be program-wide. 3. Developmental Specialists/IBI Professionals will be primarily responsible for completing IPPs, and will review IPPs on an ongoing basis to ensure accuracy. 4. Program Director or designee will review IPPs on an annual basis to ensure transition plan is present and adequate. 5. Revision of IPPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Data to be Corrected: Administrator Initials: *gm*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.03 703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the	Program Implementation Plan Adult file reviews (4 of 4) showed objectives that are not measurable, behaviorally- stated objectives. Objectives contained subjective terminology that cannot be measured ie "appropriate, correctly" and is not specifically defined. Objectives also contained total task activities that were broad and did not indicate the specific components to assure that the activity performance could be measured. Objectives did not specifically identify one measurable behavior. Participant #2 had	1. Program Implementation Plans (PIPs) will be revised to meet IDAPA standards. Developmental Specialists will be provided additional training, and be required to demonstrate awareness and proficiency of new standards. 2. Changes will be program-wide. 3. Developmental Specialists will be primarily responsible for revising PIPs, and will review PIPs on an ongoing basis to ensure accuracy.



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<p>Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)</p> <p>03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)</p>	<p>programs to listen/obey an authority figure, she will follow two verbal instructions, (program identifies independence in skill, but is trying to measure motivation). Participant #1 had programs to: cooperate with peers, will assist staff to develop a daily schedule, will follow directions/instructions (used for to measure motivation).</p> <p>Many participant's Implementation Plans contained objectives for what they are not supposed to do rather than a behaviorally stated objectives of what, to do. For example, Participant #2 had programs to: refrain from approaching strangers, refrain from interrupting others; Participant #1 had programs to: refrain from repeating others, refrain from violating personal space, refrain from interrupting, and refrain from wandering.</p>	<p>4. Program Director will review PIPs on an annual basis to ensure measurable objectives are clearly identified.</p> <p>5. Revision of PIPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.</p>

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:** *gm*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.04	Program Implementation Plan	
<p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)</p>	<p>Instructions to staff for Participant's Implementation Plans do not consistently indicate interventions that include a skill acquisition. Interventions include watching and cuing when Participants fail. For example: The written instructions for Participant #2's program to stay with assigned staff instructs staff to wait until she leaves or starts to leave before intervening. There is no intervention before a given scenario starts to enhance her likelihood of not leaving.</p> <p>Participants C, D and E, the written instructions to staff were vague and did not include specific information on how to carry out the program.</p>	<p>1. Program Implementation Plans (PIPs) will be revised to meet IDAPA standards. Developmental Specialists will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. Developmental Specialists will be primarily responsible for ensuring PIPs are revised to meet IDAPA standards, and will review PIPs on an ongoing basis to ensure accuracy.</p> <p>4. Program Director will review PIPs on an annual basis to ensure skill acquisition is clearly identified.</p> <p>5. Revision of PIPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.</p>

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04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:** *jm*

**Rule Reference/Text**

16.04.11.703.05

703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)  
05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)

**Category/Findings**

Program Implementation Plan

Agency documentation addressed Home Community and Center. The community itself is not a service environment. The community must be defined to control the programming environment.

**Plan of Correction (POC)**

1. Program Implementation Plans (PIPs) will be revised to meet IDAPA standards. Developmental Specialists will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.
2. Changes will be program-wide.
3. Developmental Specialists will be primarily responsible for ensuring PIPs are revised to meet IDAPA standards, and will review PIPs on an ongoing basis to ensure accuracy.
4. Program Director will review PIPs on an annual basis to ensure specific community settings are clearly identified.
5. Revision of PIPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.

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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Data to be Corrected:****Administrator Initials:** *gn*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.b  704. PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)	Program Documentation (data/progress)  Participant C, the data file contained insufficient progress data to accurately assess the participant's progress.	1. Program Implementation Plans (PIPs) will be modified to include specific number of data trials during a designated time period. Developmental Therapy Technicians will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.  2. Changes will be program-wide.  3. Developmental Specialists will be primarily responsible for modifying PIPs, and will review PIPs on a monthly basis to ensure accuracy.  4. Program Director or designee will review PIPs on an annual basis to ensure number of data trials is identified.  5. Revision of PIPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Data to be Corrected:****Administrator Initials:** *gn*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.c  704. PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) c. A review of the data, and, when indicated,	Documentation of Plan Changes  Provider status reviews revealed multiple months with data either achieved criteria or pattern of regression was taking place. There was no documentation this was addressed, nor revisions made.  Several programs revealed data that indicated participant performance below baseline. Provider status review did not contain documentation to address the participant's performing below baseline (baseline is prior to	1. Provider Status Reviews (PSRs) will be updated monthly to ensure revisions are made and objectives are modified correctly. Developmental Specialists will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.  2. Changes will be program-wide.

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changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)	intervention/training).	<p>3. Developmental Specialists will be primarily responsible for ensuring PSRs are revised to meet IDAPA standards; and will review PSRs on a monthly basis to ensure accuracy.</p> <p>4. Program Director will review PSRs on an semi-annual basis to ensure revisions are made and objectives are modified correctly.</p> <p>5. Revision of PSRs will begin immediately and conclude within 180 days, while semi-annual reviews will begin January 1, 2009.</p>

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:** *[Signature]*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.705</p> <p>705.RECORD REQUIREMENTS.</p> <p>Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)</p>	<p>Participant Records</p> <p>Records did not contain the time in which service is delivered nor the signature of the staff providing the service.</p>	<p>1. Agency developed a Role Sheet (see attached) to meet IDAPA standards. Developmental Therapy Technicians will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. Developmental Specialists will be primarily responsible for ensuring Role Sheets meet IDAPA standards.</p> <p>4. Developmental Specialists will review Role Sheets on a monthly basis to ensure time of service and staff signature are included.</p> <p>5. Implementation of Role Sheets will begin immediately and conclude within 90 days, while monthly reviews will begin January 1, 2009.</p>

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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:** *SM***Rule Reference/Text**

16.04.11.705.01.d

705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)

01. General Records Requirements. Each participant record must contain the following information: (7-1-06)

d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)

**Category/Findings**

Participant Records

For all surveyed Participants, profile sheet did not contain a section to record current dietary or living arrangement information..

In four of children files reviewed, the profile sheet did not have current medications listed.

**Plan of Correction (POC)**

1. Participant profiles will be revised to meet IDAPA standards.
2. Changes will be program-wide.
3. Developmental Specialists will be primarily responsible for ensuring profiles are revised to meet IDAPA standards, and will review profiles on an ongoing basis to ensure accuracy.
4. Program Director will review profiles on an annual basis to ensure dietary listings are included.
5. Revision of profiles will begin immediately and conclude within 90 days, while annual reviews will begin January 1, 2009.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:** *SM***Rule Reference/Text**

16.04.11.705.01.f

705.RECORD REQUIREMENTS. Each DDA

**Category/Findings**

Assessments


Comprehensive Developmental Assessment

**Plan of Correction (POC)**

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<p>certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>f. When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. (7-1-06)</p>		<p>was only a list and did not contain a narrative that would indicate the barriers to independence the needs identified to address the barriers to guide treatment plans.</p>	<p>1. Developmental Assessment has been modified to include narrative section on needs, barriers to independence, and necessity. Developmental Specialists/IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. Developmental Specialists/IBI Professionals will be primarily responsible for completing developmental assessments, and will review developmental assessments on an ongoing basis to ensure accuracy.</p> <p>4. Program Director or designee will review assessments on an annual basis to ensure a narrative section on barriers to independence and participant needs is included.</p> <p>5. Revision of developmental assessments will begin upon approval of POC and conclude within 180 days, while annual reviews will begin January 1, 2009.</p>
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b> 
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.708.01	Assessments	<p>1. Developmental Assessment will be completed prior to beginning of current year of services. IBI Professionals will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. IBI Professionals will be primarily responsible for completing Developmental Assessments prior to beginning of current year of services.</p>	
708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES.	<p>Participant A and B, the Comprehensive Developmental Assessments were not completed prior to the beginning of the current year of services.</p>		
01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of			




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service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)		<p>4. Program Director or designee will review Developmental Assessments on an annual basis to ensure accuracy.</p> <p>5. New standards will be implemented upon approval of POC and conclude within 180 days, while annual reviews will begin January 1, 2009.</p>
<b>Scope and Severity:</b> Pattern / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b> <i>gan</i>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.900.01.a-d</p> <p>900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.</p> <p>Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)</p> <p>01. Purpose of the Quality Assurance Program.</p> <p>The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06)</p> <p>a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-06)</p> <p>b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-06)</p> <p>c. The environment in which services are delivered is safe and conducive to learning; (7-1-06)</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)</p>	<p>QA Program</p> <p>Agency's quality assurance program did not contain process/agency policy nor documentation to support assurances to address 900.01a-e. Monthly review checklist did not assess the required components.</p> <p>Several programs instructed service delivery in an environment which was not the natural setting where the person would commonly utilize the skill, norenvironment conducive to learning.</p>	<p>1. Agency has revised Monthly Review Checklist (see attached) to meet IDAPA standards. Developmental Specialists will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. Developmental Specialists will be primarily responsible for completing Monthly Review Checklists, and will review Checklists on an ongoing basis to ensure accuracy.</p> <p>4. Program Director or designee will review Checklists on an annual basis to ensure IDAPA standards are being met.</p> <p>5. Revision of Checklists will begin upon approval of POC and conclude within 90 days, while annual reviews will begin January 1, 2009.</p>
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b> <i>gan</i>

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16.04.11.900.02.a  900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06) a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of these rules; (7-1-06)	QA Program  Agency QA program did not include goals and procedures as assurances.	1. Agency modified a section of QA Program (see attached) and will implement policy regarding goals and procedures, as well as provide agency-wide training.  2. Changes will be agency-wide.  3. Program Administrator will be primarily responsible for implementing this policy by (1) issuing an agency-wide memorandum for current employees, and (2) modifying policy manual for review during new employee training.  4. Program Administrator will randomly review agency practices on an ongoing basis to ensure accuracy. Agency professionals will take corrective action to enforce newly modified goals and procedures, if any problems arise.  5. QA Program has been modified and will be implemented within 90 days.
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.02.c  900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06) c. A system to ensure the correction of problems identified within a specified period of time; (7-1-	QA Program  Agency QA program did ensure the correction of problems identified within a specific time period.	1. Agency modified intake packet to include a Formal Participant Grievance Procedure (see attached) with a specific time line for responses.  2. Changes will be agency-wide.  3. Program Administrator will be primarily responsible for implementing this policy by (1) issuing written notice to all current participants and parents/guardians, and (2) modifying intake packet for review during pre-service interviews.

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06)		<p>4. Program Administrator will randomly review agency practices on an ongoing basis to ensure accuracy. Program Administrator will take corrective action to enforce newly modified grievance procedure, if any problems arise.</p> <p>5. New policy has been drafted and will be implemented within 90 days.</p>
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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** **Administrator Initials:** *gm*


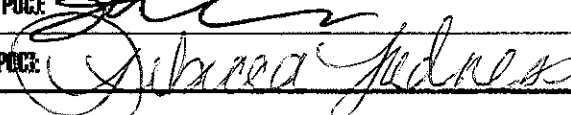
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.905.02.d</p> <p>905. PARTICIPANT RIGHTS.</p> <p>Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06)</p> <p>02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-06)</p> <p>d. Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community; (7-1-06)</p>	<p>Participant Rights</p> <p>Staff were observed in the community during service delivery wearing agency logo shirts that had STAFF written on the back of the shirt. This agency allowable practice drew attention to the participant and staff which did not promote natural integration into the community nor promote or enhance the participants social image.</p>	<p>1. Agency will no longer offer attire with "STAFF" or other language that could compromise a participant's social image. Employees have been instructed to refrain from wearing "STAFF" T-shirts while on shift.</p> <p>2. Changes will be agency-wide.</p> <p>3. Developmental Specialists will be primarily responsible for ensuring employees wear image enhancing attire.</p> <p>4. Program Administrator will conduct random checks on an ongoing basis to ensure accuracy. Agency professionals will take corrective action to ensure participant rights are protected, if any problems arise.</p> <p>5. Agency has already implemented corrective action.</p>

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** **Administrator Initials:** *gm*

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.04  915. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)	Program Implementation Plan  3 of 4 adult participant's had a total of 7 implementation plans that addressed goals by monitoring the absence of maladaptive behavior "refrain from" rather than teaching alternative adaptive skills to help replace the behavior.	<p>1. Program Implementation Plans (PIPs) will be revised to meet IDAPA standards. Developmental Specialists will be provided additional training, and be required to demonstrate awareness and proficiency of new standards.</p> <p>2. Changes will be program-wide.</p> <p>3. Developmental Specialists will be primarily responsible for ensuring PIPs are revised to meet IDAPA standards, and will review PIPs on an ongoing basis to ensure accuracy.</p> <p>4. Program Director will review PIPs on an annual basis to ensure adaptive skills are clearly identified.</p> <p>5. Revision of PIPs will begin immediately and conclude within 180 days, while annual reviews will begin January 1, 2009.</p>
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: _____
Administrator Signature (confirms submission of POC): 		Date: 11/14/08
Team Leader Signature (signifies acceptance of POC): 		Date: 11/14/08

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